

## 2004-2006 EMT LICENSE/FIRST RESPONDER CERTIFICATION RENEWAL APPLICATION

Name (First, MI, Last) _____	License Number: _____
Address _____	Level: <input type="checkbox"/> First Responder
City, State, Zip _____	(Check One) <input type="checkbox"/> Basic
County of Residence _____	<input type="checkbox"/> Basic IV Tech
	<input type="checkbox"/> Intermediate
	<input type="checkbox"/> Paramedic

Instructions: Fill in your name and address above. Answer all questions below, sign and date the form, attach a copy of your applicable retraining information, your bioterrorism course certificate of completion (if required) and both sides of your current CPR card and ACLS card (if required). Obtain and attach the necessary conviction information and/or driver abstract requested below. You must provide one copy of this renewal application to each service you wish to be licensed with. Once you copy this application, enter the name of the service you are affiliating with in the space below and return the application to that service. If you are not affiliated with a service provider, write "Non-affiliated" in the space below and return the entire renewal application to **the Division of Public Health, BEMS&IP, PO Box 2659, Madison, WI 53701-2659**. Incomplete applications will not be processed.

Name of service you are affiliating with: \_\_\_\_\_

- 1) Criminal History - Since March 1, 2002, have you been convicted of any felony or misdemeanor offense(s) not previously reported to BEMS&IP that may be punishable by forfeiture, fine, jail, imprisonment, probation, or parole OR do you have any felony or misdemeanor offense(s) pending against you at this time?

☐ Yes ☐ No If yes, you must list each conviction or pending charge along with the date of the conviction or the current status of pending charges in the spaces below. You must also submit the relevant information for each crime or offense: (1) copy of the ticket; (2) judgment of conviction; (3) police report or criminal complaint; (4) letter from your probation/parole officer summarizing your compliance with probation/parole, if you are on supervision.

- 2) Driver Record - Since March 1, 2002, has your driver's license been suspended, revoked, or withdrawn or do you have current pending charges that may result in the suspension, revocation, or withdrawal of your driver license?

☐ Yes ☐ No If yes, list each offense below and submit a copy of your driver abstract from the Department of Transportation. Driver abstracts may be obtained by calling DOT at (608) 266-2353.

List Offense(s)/Conviction(s) (Attach additional sheets, if necessary)	Date of Conviction	Status

- 3) On what date did you complete the required 4-hour bioterrorism course? \_\_\_\_\_

- 4) If you took this course between July 1, 2002, and February 17, 2003, you must attach a copy of your Certificate of Completion.

I certify that all information provided above is true and complete and that I meet the requirements for the renewal of my EMT license/First Responder Certification.

\_\_\_\_\_  
SIGNATURE – Applicant

\_\_\_\_\_  
Date Signed

**Service Directors using EMSS:**

**Service Directors not using EMSS:**

**Process this renewal application only if it is fully completed and signed.**

**Mail fully completed and signed renewal applications to Division of Public Health, BEMS&IP, P.O. Box 2659, Madison Wisconsin 53701-2659 along with all EMT renewal applications and your service provider renewal application.**